



Who: Any girl ages 9-18 interested in the game of field hockey with any level of experience. **Goalies welcome!**
(Must have own equipment)

What: Summer field hockey! Girls will get the opportunity to receive instruction from coaches and college players such as Beth Brawn (Coach, Clarence) Along with instruction, girls will have approximately 40 minutes of game play.

When: Tuesdays in June and July from 6-8 pm. Specific dates include: June 14th, 21st, 28th, July 5th, 12th, 19th July 26th is a rain date in case of inclement weather.

Where: Town Place Park
5400 Goodrich Road
Clarence, NY 14031
Soccer field on left when you enter the park.

Cost: \$75 per athlete. This includes 2 hours of instruction and game play each week for 6 weeks, field rental and Blue Bison game reversible pinnie.

Registration: Ends May 25th, 2016 and can be done either in person at 10510 Main Street or by mail.
No online registration is currently available. **Space is limited so REGISTER EARLY!**

Mail: Checks, registration and release forms can be sent or dropped off at:

Recreation Office
10510 Main Street
Clarence, NY 14031

Checks can be made out to Town of Clarence

Late Registration

Period: Runs from May 26th-June 2nd at a cost of \$85 per athlete. Any equipment and apparel purchased after May 26th cannot be guaranteed for the first week of camp.

League Sponsors: Blue Bison Sports and Clarence Recreation Department

Like us on Facebook: <https://www.facebook.com/SummerStix>

IMPORTANT!!!

1. All girls are **REQUIRED** to have their own **GOGGLES, SHIN GUARDS, MOUTH GUARD** and **STICK**. **JEWELRY IS NOT PERMITTED AT ANY TIME.**
2. Without proper equipment, payment or forms, girls **WILL NOT** be allowed to participate.
3. Please bring water bottle. Drinks will be available for refill of water bottle.

Registration form is located on the inside of the back cover

SUMMER STIX FIELD HOCKEY

Fill out and return bottom, check and waiver to: Clarence Youth Bureau by **May 25th**

Name of Participant _____ Date ____/____/____

Address:

Phone: (H): _____ ©:

Email Address:

Age: _____ Grade Level (fall of 2016): _____ Years Played: _____

School Attending: _____

Level of Play (circle one) Beginner Modified JV Varsity

Position: Forward Midi Defense Goalie Not Sure

Allergies: _____

TOWN OF CLARENCE

GENERAL RELEASE

YOUTH/RECREATION DEPARTMENT

I, _____ the undersigned _____ (hereafter the "RELEASOR")
residing at _____ hereby certify that I am the parent/guardian
of _____, a minor, age _____, who is a participant in _____, a
Town of Clarence youth/recreational activity.

In consideration of said minor being permitted to participate in activities, supported and assisted by the Youth/Recreation Department of the Town of Clarence and other valuable consideration the RELEASOR individually, and as parent or guardian of the above named minor, releases and discharge the Town of Clarence, and all Town Officers, Town Employees, Town Agents, Boards of the Town and Board members of any Boards of the Town of Clarence, fire districts, fire companies, all ambulance companies and their respective heirs, executors, administrators, successors and assigns (hereinafter collectively referred to as RELEASEE) from all actions, causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, extents, executions, claims, and demands whatsoever, in law, admiralty or equity, which against the RELEASEE, the RELEASOR, RELEASOR'S heirs, executors, administrators, successors and assigns ever had, not have or hereafter can, shall or may, have for, upon, or by reason of any matter, cause or thing whatsoever resulting from any such participation or otherwise.

I further agree to indemnify and hold forever harmless, against any loss which may be sustained in consequence of such participation or otherwise, the RELEASEE. No agreements, either verbal or written shall in any manner affect this release.

I also acknowledge that I am aware that neither the RELEASEE, nor any other body, organization or club carries any accident, personal injury nor other insurance which would protect said minor in the event of any accident, death, or injury occurring to him or her during or in connection with the activities. I further acknowledge that the Youth/Recreation Department of the Town of Clarence serves as a catalyst for the organization of these recreational activities and is not responsible for the supervision of the activities nor for the condition of the recreational areas.

RELEASEE shall not be liable for any damages arising from personal injuries sustained by the participant in, on or about RELEASEE'S premises or facilities resulting from or arising out of said recreational activity including any claims for personal injuries resulting from or arising out of RELEASEE'S negligence.

DATED:

Clarence, New York

Signature

Phone Number

WITNESS: _____

DATE: _____

Signature

This RELEASE, bearing the name of the participant and the signature of a parent or guardian is an agreement by all to abide by and to support all conditions of membership in the activity, even those over which disagreements may arise. This MUST be turned in before a person can participate in any activity, practice or play any games.